

**REVOCATION OF POWER OF
ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/804,974
Patent Number	US 7,057,461 B1
Filing Date	March 18, 2004
Issue Date	June 6, 2006
First Named Inventor	Alzon B. Canillao
Attorney Docket Number	24970-10887

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

Please change the correspondence address to, and associate the above-identified application with:

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Practitioners at Customer Number

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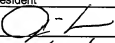
Applicant/Inventor.

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Gi Young Lee
Title	President
Signature	
Date	4/17/07

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of one form is submitted.